

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

FILED

OCT 27 2017

KATE BARKMAN, Clerk
By AW Dep. Clerk

Cher Rev. Edward

Thomas Keane Jr.

Plaintiff/Petitioner

Civil Action No.

Charles Dent, et al.

Defendant/Respondent

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

Instructions

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: Cher Rev. St. R. / K. 1Date: 10/27/2017

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse <input checked="" type="checkbox"/>	You	Spouse <input checked="" type="checkbox"/>
Employment	\$ 0	\$	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child support	\$ 0	\$	\$ 0	\$

Catholic Priest, NOT married

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance) *	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments) *	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify):	\$ 0	\$	\$ 0	\$
Total monthly income:	\$ 0	\$	\$ 0	\$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NA	—	—	\$ —
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NA			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
TD Bank.	BASIC CHECKING (new)	\$ 200	\$ 0
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

* applied for SSI, 1st interview on 10/30/2017
A 9.44 hr. depression.

PAE-AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ \emptyset
Other real estate (Value)	\$ \emptyset
Motor vehicle #1 (Value) <i>AVTO IS SHARED</i>	\$ \emptyset
Make and year: <i>2011 Honda</i>	
Model: <i>CR-V</i>	
Motor vehicle #2 (Value)	\$ \emptyset
Make and year:	
Model:	
Other assets (Value)	\$ \emptyset
Other assets (Value)	\$ \emptyset

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse * *
<i>NG</i>	\$ \emptyset	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
<i>NONE</i>		

NO children

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 620	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 1121	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food (I fast)	\$ 250	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 1122	\$
Medical and dental expenses (I'm a Doctor)	\$ 0	\$
Transportation (not including motor vehicle payments) gas.	\$ 200	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$
Life:	\$ 0	\$
Health:	\$ 0	\$
Motor vehicle:	\$ 600/mo.	\$
Other:	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify): I owe TAX - FIT	\$ 1244	\$
Installment payments		
Motor vehicle:	\$ 0	\$
Credit card (name):	\$ 0	\$
Department store (name):	\$ 0	\$
Other:	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$

I owe F.I.T. but was due to
admitted debt.

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 180	\$
Other (specify):	\$ 0	\$
Total monthly expenses:	\$ 180	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes ☐ No If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$

If yes, state the attorney's name, address, and telephone number:

applied for SSA
disability AS
8/10/30/2017
interview

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$

If yes, state the person's name, address, and telephone number:

NO attorney
prefer. Pro Se.

12. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

spent my funds on other and on medicines
to heal since 2002 Family removed charity

13. Identify the city and state of your legal residence.

Your daytime phone number:

Your age: 64 Your years of schooling: 18, All Catholic Schools,

Last four digits of your social-security number: 5452

plus many theology and
monastic medicines courses from
my order and church
see complaint for credentials. Blessing's

EXHIBIT 1

By the Grace of God, we inform that in accordance with canonical laws and traditions of the Ancient Holy Church of the East, we certify through this instrument the



Erasmus J. Koster

Apologie Ecclesiasticæ ad

1. *Author*
 2. *Title*
 3. *Journal*
 4. *Volume*
 5. *Issue*
 6. *Page*
 7. *Year*
 8. *Month*
 9. *Day*
 10. *Page*
 11. *Page*
 12. *Page*
 13. *Page*
 14. *Page*
 15. *Page*
 16. *Page*
 17. *Page*
 18. *Page*
 19. *Page*
 20. *Page*
 21. *Page*
 22. *Page*
 23. *Page*
 24. *Page*
 25. *Page*
 26. *Page*
 27. *Page*
 28. *Page*
 29. *Page*
 30. *Page*
 31. *Page*
 32. *Page*
 33. *Page*
 34. *Page*
 35. *Page*
 36. *Page*
 37. *Page*
 38. *Page*
 39. *Page*
 40. *Page*
 41. *Page*
 42. *Page*
 43. *Page*
 44. *Page*
 45. *Page*
 46. *Page*
 47. *Page*
 48. *Page*
 49. *Page*
 50. *Page*
 51. *Page*
 52. *Page*
 53. *Page*
 54. *Page*
 55. *Page*
 56. *Page*
 57. *Page*
 58. *Page*
 59. *Page*
 60. *Page*
 61. *Page*
 62. *Page*
 63. *Page*
 64. *Page*
 65. *Page*
 66. *Page*
 67. *Page*
 68. *Page*
 69. *Page*
 70. *Page*
 71. *Page*
 72. *Page*
 73. *Page*
 74. *Page*
 75. *Page*
 76. *Page*
 77. *Page*
 78. *Page*
 79. *Page*
 80. *Page*
 81. *Page*
 82. *Page*
 83. *Page*
 84. *Page*
 85. *Page*
 86. *Page*
 87. *Page*
 88. *Page*
 89. *Page*
 90. *Page*
 91. *Page*
 92. *Page*
 93. *Page*
 94. *Page*
 95. *Page*
 96. *Page*
 97. *Page*
 98. *Page*
 99. *Page*
 100. *Page*

**Diocese of the Sacred Medical Order
of the Church of Hope
www.smoch.org**

Authorized Bishop

THE SACRED MEDICAL ORDER
OF THE KNIGHTS OF HOPE
ORDEN MEDICA SAGRADA DE
CABALLEROS DE ESPERANZA

THE SACRED MEDICAL ORDER OF THE KNIGHTS OF HOPE

PASSPORT
PASSEPORT
PASAPORTE

Passport No. / Pasaporte No. AS01003115

NAME OF BEARER / NOM DU TITULAIRE / APELLIDOS

KENNEDY
Given Names /Nornbre EDWARD THOMAS

Nationality / Nacion UNITED STATES OF AMERICA

Place of Birth / Lugar de Naci : PENNSYLVANIA

Sex / Sexe / Sexo - Date of Birth / Fecha de Nacimiento

MALE 25 OCT 1953

Date of Issue / Fecha de Expedición 13 SEP 2012

Date of Expiry / Fecha de Expiracion 13 SEP 2017

Issuing Authority / Autoridad Expedidora: Sovereign Council

P<QSOKENNEDY<<EDWARD<THOMAS<<<<<<<<<<<<<<<<
QS01003115<OUSA531025M170913<<<<<<<<<<<<<<<06

IMPORTANT

This document is valid in all countries unless otherwise restricted. It is not transferable. It is for the sole use by the person to whom it is issued. After person to it is issued must sign his or her name immediately upon receipt. This document is not valid unless it is signed.

IMPORTANTE

El presente documento es válido por venir por todos los países. Es intransferible. Únicamente la persona para la cual ha sido expedido puede utilizarlo. El titular debe ser firmado al instante de recibirlo. Este documento no es válido sin la firma del titular.

TYPE OF PASSPORT

Personal ☒ Short ☐ Diplomatic ☐

Profession of
Holder.

Authorization:

EXHIBIT 2

2

